

N, M, M & O Docket No. \_\_\_\_\_ FO. 203, 9603723-US

NIKAIKO, MARTELSTEIN, MURRAY & ORAM

## Declaration For U.S. Patent Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled  
(Insert Title) PANEL DISPLAYING METHOD OF ORDER RECEIVING POS TERMINAL  
AND ORDER RECEIVING POS TERMINAL  
the specification of which

- (Check one of blocks 1, 2 or 3.  
See note A on back of this page)
1.  is attached hereto.
  2.  was filed on \_\_\_\_\_ as International PCT Application Serial No. \_\_\_\_\_  
and was amended on \_\_\_\_\_ (if applicable).
  3.  was filed on \_\_\_\_\_ as U.S. Application Serial No. \_\_\_\_\_  
and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application for which priority is claimed:

Patent Application	HEI-8-119402 (Number)	Japan (Country)	14/05/1996 (Day/Month/Year Filed)	Priority Claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(List prior foreign applications. See note B on back of this page)	(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No

(See Note C on back of this page)  See attached list for additional prior foreign applications

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT International application(s) designating the United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT International filing date of this application:

(List prior U.S. Applications or PCT International applications designating the U.S.)	(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
	(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)

And I hereby appoint as principal attorney David T. Nikaiko, Reg. No. 22,663; Charles M. Marmelstein, Reg. No. 25,895; George E. Oram, Jr., Reg. No. 27,931; Robert B. Murray, Reg. No. 22,980; Martin S. Postman, Reg. No. 18,570; E. Marcie Eimas, Reg. No. 32,131; Michael G. Gilman, Reg. No. 19,114, Douglas H. Goldshus, Reg. No. 33,125; Kevin C. Brown, Reg. No. 32,402; Monica Chin Kitis, Reg. No. 36,105; Sharon N. Klesner, Reg. No. 36,335; and John R. Ruiz, Reg. No. 37,327.

Please direct all communications to the following address: NIKAIKO, MARTELSTEIN, MURRAY & ORAM

Metropolitan Square  
655 Fifteenth Street, N.W., Suite 330 - G Street Lobby  
Washington, D.C. 20005-5701  
(202) 638-5000 Fax: (202) 638-4810

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

(See Note D on back of this page)

Full name of sole or first inventor Shinichi YOSHINAGA  
Inventor's signature Shinichi Yoshinaga Date August 1, 1996  
Residence Kawasaki-shi, Kanagawa, Japan  
Citizenship Japanese  
Post Office Address C/O FUJITSU LIMITED 1-1, Kamikodanaka 4-chome,  
Nakahara-ku, Kawasaki-shi, Kanagawa 211, Japan

PO.203.9603723-US

Full name of second joint inventor, if any Susumu TANAKA

Inventor's signature Susumu Tanaka Date August 1, 1996

Residence Kawasaki-shi, Kanagawa, Japan

Date

Citizenship Japanese

Post Office Address C/O FUJITSU LIMITED 1-1, Kamikodanaka 4-chome,

Nakahara-ku, Kawasaki-shi, Kanagawa 211, Japan

Full name of third joint inventor, if any \_\_\_\_\_

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_

Date

Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of fourth joint inventor, if any \_\_\_\_\_

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_

Date

Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of fifth joint inventor, if any \_\_\_\_\_

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_

Date

Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of sixth joint inventor, if any \_\_\_\_\_

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_

Date

Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of seventh joint inventor, if any \_\_\_\_\_

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_

Date

Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of eighth joint inventor, if any \_\_\_\_\_

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_

Date

Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of ninth joint inventor, if any \_\_\_\_\_

Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_

Residence \_\_\_\_\_

Date

Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_